

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0033	I	FROM 12/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 11/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 4/28/2011 TIME 8:32

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
VISTA MEDICAL CENTER WEST 14-0033

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2009 AND ENDING 11/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 4/28/2011 TIME 8:32

F1E5WH3R728p0v.aTu86K2ZwpcJQZ0
ZZzBz0MKDyWQxIDnatJFWaESIA5V60
5c3A0.f9Qk0CiGWN

PI ENCRYPTION INFORMATION

DATE: 4/28/2011 TIME 8:32

4AAvjGNyJL.CMAR:TSaw7k01YawZ0
D62fy0dzustvteZS6TeGbkIM1MBi2
26J53uLYo:0bHXXC

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Senior Vice President, Revenue Management
TITLE

4-28-11
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1 HOSPITAL	0		0	17,973	0
2 SUBPROVIDER	0		39,515	0	0
2 .01 SUBPROVIDER II	0		33,905	0	0
100 TOTAL	0		73,420	17,973	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-0033	I	FROM 12/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 11/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 4/27/2011 TIME 17:04

PART I - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
VISTA MEDICAL CENTER WEST 14-0033
FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2009 AND ENDING 11/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	0	17,973	0
2	SUBPROVIDER	0	39,515	0	0
2 .01	SUBPROVIDER II	0	33,905	0	0
100	TOTAL	0	73,420	17,973	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1324 NORTH SHERIDAN ROAD
1.01 CITY: WAUKEGAN

P.O. BOX:
STATE: IL ZIP CODE: 60085- COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX		
02.00 HOSPITAL	VISTA MEDICAL CENTER WEST	14-0033		7/ 1/1966	4	5	6
03.00 SUBPROVIDER	VISTA MEDICAL CENTER MENTAL HEALTH	14-S033		1/ 1/1990	N	P	N
03.01 SUBPROVIDER 2	VISTA MEDICAL CENTER REHAB	14-T033		9/ 1/1989	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 12/ 1/2009 TO: 11/30/2010

18 TYPE OF CONTROL 1 2
4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 4
20.01 SUBPROVIDER II 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 29404
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD, ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD, ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO
IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO
YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR
NO IN COLUMN 2 N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)--CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE
WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? N
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME
OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).

40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME WPS 449008
40.02 STREET: 4000 MERIDIAN BLVD P.O. BOX: FI/CONTRACTOR # 52280
40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
47.00 HOSPITAL	1	2	3	4	5
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH
42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL
EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN
EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 128,975
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND
GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS
CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH
42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		Y			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).		N		0	
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		Y	N		
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).		N	N	0	

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 2/ 1/2011

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATAI
I
IPROVIDER NO:
14-0033I PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/27/2011
I WORKSHEET S-3
I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	16	5,840					2,523
2	HMO						136	
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	16	5,840					2,523
12	TOTAL	16	5,840					2,523
13	RPCH VISITS							
14	SUBPROVIDER	26	9,490			2,616		1,759
14	01 SUBPROVIDER II	25	9,125			4,193		364
25	TOTAL	67						
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			3,676				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			3,676				
12	TOTAL			3,676				
13	RPCH VISITS							
14	SUBPROVIDER			6,501				
14	01 SUBPROVIDER II			5,631				
25	TOTAL							
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENT'S 15
1	ADULTS & PEDIATRICS						297	459
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
12	TOTAL		81.30				297	459
13	RPCH VISITS							
14	SUBPROVIDER		23.50			323	324	1,089
14	01 SUBPROVIDER II		26.14			284	19	395
25	TOTAL		130.94					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	8,125,374		8,125,374	274,961.00	29.55	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	2,924,574		2,924,574	103,252.00	28.32	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	98		98	2.00	49.00	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	44,538		44,538	404.00	110.24	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	452,953		452,953	7,102.00	63.78	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	1,022,790		1,022,790			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	587,846		587,846			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS						
22	ADMINISTRATIVE & GENERAL	326,781		326,781	15,013.00	21.77	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	217,068		217,068	9,024.00	24.05	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING						
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY						
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	7,280		7,280	317.00	22.97	
31	CENTRAL SERVICE AND SUPPLY						
32	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	616		616	24.00	25.67	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	8,125,374		8,125,374	274,961.00	29.55	
2	EXCLUDED AREA SALARIES	2,924,574		2,924,574	103,252.00	28.32	
3	SUBTOTAL SALARIES	5,200,800		5,200,800	171,709.00	30.29	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	497,589		497,589	7,508.00	66.27	
5	SUBTOTAL WAGE-RELATED COSTS	1,022,790		1,022,790		19.67	
6	TOTAL	6,721,179		6,721,179	179,217.00	37.50	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	551,745		551,745	24,378.00	22.63	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 PROVIDER NO: 14-0033 PERIOD: FROM 12/ 1/2009 TO 11/30/2010
 PREPARED 4/27/2011 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
 GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
 TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
 CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 175,365

17.01 GROSS MEDICAID REVENUES 5,319,486

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 5,494,851

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) .193539

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
 (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 27,047,321

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,234,711
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,225,988
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,785,588
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,234,711

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0033
II PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/27/2011
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		703,561	703,561	269,870	973,431
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		507,408	507,408	69,676	577,084
5	0500 EMPLOYEE BENEFITS				964,182	964,182
6	0600 ADMINISTRATIVE & GENERAL	326,781	8,001,401	8,328,182	-1,216,984	7,111,198
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	217,068	1,548,483	1,765,551	-1,430	1,764,121
9	0900 LAUNDRY & LINEN SERVICE		104,329	104,329		104,329
10	1000 HOUSEKEEPING		3,183	3,183		3,183
11	1100 DIETARY		371,985	371,985		371,985
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	7,280	19,179	26,459		26,459
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY		293,240	293,240	-291,400	1,840
17	1700 MEDICAL RECORDS & LIBRARY	616	3,774	4,390		4,390
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	973,424	1,302,682	2,276,106	-10,108	2,265,998
31	3100 SUBPROVIDER	1,314,154	261,041	1,575,195	-14,073	1,561,122
31.01	3101 SUBPROVIDER II	1,610,420	216,572	1,826,992	-16,573	1,810,419
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM		-1,934	-1,934	1,934	
37.01	3120 CARDIAC CATH					
38	3800 RECOVERY ROOM					
41	4100 RADIOLOGY-DIAGNOSTIC	74,343	50,336	124,679	321,972	446,651
41.01	4101 ULTRA SOUND	18,698	7,396	26,094	-26,094	
41.02	4102 CT SCAN	138,649	157,229	295,878	-295,878	
44	4400 LABORATORY	762,155	455,913	1,218,068	-346	1,217,722
49	4900 RESPIRATORY THERAPY		23,622	23,622	-23,622	
50	5000 PHYSICAL THERAPY	500,547	52,420	552,967	340,625	893,592
51	5100 OCCUPATIONAL THERAPY	229,470	23,047	252,517	-252,517	
52	5200 SPEECH PATHOLOGY	81,076	7,032	88,108	-88,108	
53	5300 ELECTROCARDIOLOGY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,833	8,833
56	5600 DRUGS CHARGED TO PATIENTS				288,016	288,016
59	3550 MENTAL HEALTH ANCILLARY	828,986	141,320	970,306	-179	970,127
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	1,041,707	284,112	1,325,819	-9,984	1,315,835
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	8,125,374	14,537,331	22,662,705	17,812	22,680,517
	NONREIMBURS COST CENTERS					
96.02	9602 WORKPOWER/CORP HEALTH					
98	9800 PHYSICIANS' PRIVATE OFFICES		44,287	44,287	-44,287	
98.01	9801 VISTA MEDICAL CENTER EAST				26,475	26,475
101	TOTAL	8,125,374	14,581,618	22,706,992	-0-	22,706,992

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0033
II PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/27/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	876,239	1,849,670
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-7,302	569,782
5	0500 EMPLOYEE BENEFITS	17,717	981,899
6	0600 ADMINISTRATIVE & GENERAL	-6,268,319	842,879
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	219,465	1,983,586
9	0900 LAUNDRY & LINEN SERVICE	2,102	106,431
10	1000 HOUSEKEEPING	734,599	737,782
11	1100 DIETARY		371,985
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		26,459
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		1,840
17	1700 MEDICAL RECORDS & LIBRARY	317	4,707
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,206,349	1,059,649
31	3100 SUBPROVIDER	-22,113	1,539,009
31.01	3101 SUBPROVIDER II		1,810,419
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		
37.01	3120 CARDIAC CATH		
38	3800 RECOVERY ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC		446,651
41.01	4101 ULTRA SOUND		
41.02	4102 CT SCAN		
44	4400 LABORATORY	-25,868	1,191,854
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY		893,592
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,833
56	5600 DRUGS CHARGED TO PATIENTS		288,016
59	3550 MENTAL HEALTH ANCILLARY	-57,691	912,436
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	10,760	1,326,595
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-5,726,443	16,954,074
	NONREIMBURS COST CENTERS		
96.02	9602 WORKPOWER/CORP HEALTH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 VISTA MEDICAL CENTER EAST		26,475
101	TOTAL	-5,726,443	16,980,549

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 4/27/2011
 I 14-0033 I FROM 12/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 11/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	CARDIAC CATH	3120	CARDIAC CATHETERIZATION LABORATORY
38	RECOVERY ROOM	3800	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	MENTAL HEALTH ANCILLARY	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96.02	WORKPOWER/CORP HEALTH	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	VISTA MEDICAL CENTER EAST	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140033	FROM 12/ 1/2009	4/27/2011
	TO 11/30/2010	WORKSHEET A-6

----- INCREASE -----				
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	
	1	2	3	SALARY 4
				OTHER 5
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5	
2 RECLASS OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	964,182
3 RECLASS RENTAL & LEASES	C	NEW CAP REL COSTS-MVBLE EQUIP	4	8,833
4				69,676
5				
6				
7				
8				
9				
10				
11				
12				
13 RECLASS OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3	269,870
14 RECLASS OF DRUGS & IV SUPPLIES	E	DRUGS CHARGED TO PATIENTS	56	288,016
15 RECLASS OF THERAPY COSTS	F	PHYSICAL THERAPY	50	310,546
16				30,079
17 RECLASS OTHER MISC DEPARTMENTS	G	OPERATING ROOM	37	1,934
18 RECLASS OTHER RADIOLOGY	H	RADIOLOGY-DIAGNOSTIC	41	157,347
19				164,625
20 RECLASS MOB COSTS	J	ADMINISTRATIVE & GENERAL	6	17,812
21		VISTA MEDICAL CENTER EAST	98.01	26,475
36 TOTAL RECLASSIFICATIONS				467,893
				1,841,502

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140033

 PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

 PREPARED 4/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE			SALARY	OTHER	A-7 REF
		COST CENTER	LINE NO				
	1	6	7		8	9	10
1 RECLASS EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			964,182	
2 RECLASS OXYGEN COSTS	B	RESPIRATORY THERAPY	49			8,833	
3 RECLASS RENTAL & LEASES	C	ADMINISTRATIVE & GENERAL	6			744	10
4		OPERATION OF PLANT	8			1,430	
5		PHARMACY	16			3,384	
6		ADULTS & PEDIATRICS	25			8,174	
7		SUBPROVIDER	31			14,073	
8		SUBPROVIDER II	31.01			16,573	
9		LABORATORY	44			346	
10		RESPIRATORY THERAPY	49			14,789	
11		MENTAL HEALTH ANCILLARY	59			179	
12		EMERGENCY	61			9,984	
13 RECLASS OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			269,870	13
14 RECLASS OF DRUGS & IV SUPPLIES	E	PHARMACY	16			288,016	
15 RECLASS OF THERAPY COSTS	F	OCCUPATIONAL THERAPY	51		229,470	23,047	
16		SPEECH PATHOLOGY	52		81,076	7,032	
17 RECLASS OTHER MISC DEPARTMENTS	G	ADULTS & PEDIATRICS	25			1,934	
18 RECLASS OTHER RADIOLOGY	H	ULTRA SOUND	41.01		18,698	7,396	
19		CT SCAN	41.02		138,649	157,229	
20 RECLASS MOB COSTS	J	PHYSICIANS' PRIVATE OFFICES	98			44,287	
21							
36 TOTAL RECLASSIFICATIONS					467,893	1,841,502	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140033

 PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

 PREPARED 4/27/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

 RECLASS CODE: A
EXPLANATION : RECLASS EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	964,182
TOTAL RECLASSIFICATIONS FOR CODE A			964,182

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	964,182	
			964,182

 RECLASS CODE: B
EXPLANATION : RECLASS OXYGEN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,833
TOTAL RECLASSIFICATIONS FOR CODE B			8,833

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	8,833	
			8,833

 RECLASS CODE: C
EXPLANATION : RECLASS RENTAL & LEASES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	69,676
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			69,676

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	744	
OPERATION OF PLANT	8	1,430	
PHARMACY	16	3,384	
ADULTS & PEDIATRICS	25	8,174	
SUBPROVIDER	31	14,073	
SUBPROVIDER II	31.01	16,573	
LABORATORY	44	346	
RESPIRATORY THERAPY	49	14,789	
MENTAL HEALTH ANCILLARY	59	179	
EMERGENCY	61	9,984	
			69,676

 RECLASS CODE: D
EXPLANATION : RECLASS OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	269,870
TOTAL RECLASSIFICATIONS FOR CODE D			269,870

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	269,870	
			269,870

 RECLASS CODE: E
EXPLANATION : RECLASS OF DRUGS & IV SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	288,016
TOTAL RECLASSIFICATIONS FOR CODE E			288,016

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	288,016	
			288,016

 RECLASS CODE: F
EXPLANATION : RECLASS OF THERAPY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	340,625
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			340,625

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OCCUPATIONAL THERAPY	51	252,517	
SPEECH PATHOLOGY	52	88,108	
			340,625

 RECLASS CODE: G
EXPLANATION : RECLASS OTHER MISC DEPARTMENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	1,934
TOTAL RECLASSIFICATIONS FOR CODE G			1,934

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,934	
			1,934

 RECLASS CODE: H
EXPLANATION : RECLASS OTHER RADIOLOGY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	321,972
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			321,972

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ULTRA SOUND	41.01	26,094	
CT SCAN	41.02	295,878	
			321,972

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140033	FROM 12/ 1/2009	4/27/2011
	TO 11/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: J

EXPLANATION : RECLASS MOB COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	17,812	PHYSICIANS' PRIVATE OFFICES	98	44,287	
2.00	VISTA MEDICAL CENTER EAST	98.01	26,475			0	
TOTAL RECLASSIFICATIONS FOR CODE J			44,287			44,287	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	1,970,715					1,970,715	
2	LAND IMPROVEMENTS	516,681					516,681	
3	BUILDINGS & FIXTURE	27,310,374					27,310,374	
4	BUILDING IMPROVEMEN	2,649,545	243,990		243,990		2,893,535	
5	FIXED EQUIPMENT	4,763,544	221,773		221,773		4,985,317	
6	MOVABLE EQUIPMENT	23,455,366	75,801		75,801		23,531,167	
7	SUBTOTAL	60,666,225	541,564		541,564		61,207,789	
8	RECONCILING ITEMS							
9	TOTAL	60,666,225	541,564		541,564		61,207,789	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS	CAPITLIZED GROSS ASSETS		INSURANCE	TAXES	OTHER CAPITAL		
		ASSETS	LEASES	FOR RATIO			RELATED COSTS		
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	32,691,305		32,691,305	.534104				
4	NEW CAP REL COSTS-MV	28,516,486		28,516,486	.465896				
5	TOTAL	61,207,791		61,207,791	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
		9	10	11	12	13	RELATED COST	15
							14	
3	NEW CAP REL COSTS-BL	594,565		985,235		269,870		1,849,670
4	NEW CAP REL COSTS-MV	500,106	69,676					569,782
5	TOTAL	1,094,671	69,676	985,235		269,870		2,419,452

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
		9	10	11	12	13	RELATED COST	15
							14	
3	NEW CAP REL COSTS-BL	703,561						703,561
4	NEW CAP REL COSTS-MV	507,408						507,408
5	TOTAL	1,210,969						1,210,969

- * All lines numbers except line 5 are to be consistent with workseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0033
II PERIOD: I PREPARED 4/27/2011
I FROM 12/ 1/2009 I WORKSHEET A-8
I TO 11/30/2010 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-9,570	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,257,113				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,588,293				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	317	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-65,600	MENTAL HEALTH ANCILLARY		59	
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	178,073	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-56,406	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 RENTAL INCOME	B	-303,826	NEW CAP REL COSTS-BLDG &		3	9
38 OTHER MISCELLANEOUS REVENUE	B	-131	ADMINISTRATIVE & GENERAL		6	
39 BAD DEBTS	A	-4,777,483	ADMINISTRATIVE & GENERAL		6	
40 PHONE & TV DEPRECIATION	A	-1,567	NEW CAP REL COSTS-MVBLE E		4	9
41 STATE OPERATING TAX	A	-2,016,557	ADMINISTRATIVE & GENERAL		6	
42 MEMBERSHIP DUES	A	-208	ADMINISTRATIVE & GENERAL		6	
43 ALLOCATED SECURITY / PLANT OPS	A	219,465	OPERATION OF PLANT		8	
44 ALLOCATED HOUSEKEEPING	A	734,599	HOUSEKEEPING		10	
45 ALLOCATED LAUNDRY & LINEN	A	2,102	LAUNDRY & LINEN SERVICE		9	
46 ALLOCATED RECOVERY ROOM	A	9,981	MENTAL HEALTH ANCILLARY		59	
47 ALLOCATED ANESTHESIA	A	711	MENTAL HEALTH ANCILLARY		59	
48 ALLOCATED EKG	A	10,760	EMERGENCY		61	
49 EMP BENEFITS FROM VISTA EAST	A	17,717	EMPLOYEE BENEFITS		5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,726,443				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & INTEREST EXPENSE	985,235		985,235	11
2	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	124,954	148,765	-23,811	
3	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL	9,374		9,374	9
4	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL - BUILDING &	7,383		7,383	9
4.01	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL - MOVABLE EQU	50,671		50,671	9
4.02	6	ADMINISTRATIVE & GENERAL NON-CAPITAL HOME OFFICE C	430,466		430,466	
4.03	6	ADMINISTRATIVE & GENERAL MALPRACTICE COST	128,975		128,975	
5		TOTALS	1,737,058	148,765	1,588,293	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	COMMUNITY HEALTH SYSTEMS	0.00	HOME OFFICE
2	B	0.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 4/27/2011
I 14-0033 I FROM 12/ 1/2009 I WORKSHEET A-8-2
I I TO 11/30/2010 I GROUP 1

LINE	WKSHT A 1 NO.	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	ADULTS & PEDIATRICS	1,206,349	1,206,349					
2	31	SUBPROVIDER	22,113	22,113					
3	44	LABORATORY	25,868	25,868					
4	59	MENTAL HEALTH ANCILLARY	5,938		5,938	136,700	48	3,155	158
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,260,268	1,254,330	5,938		48	3,155	158

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	25	ADULTS & PEDIATRICS							1,206,349
2	31	SUBPROVIDER							22,113
3	44	LABORATORY							25,868
4	59	MENTAL HEALTH ANCILLARY					3,155	2,783	2,783
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					3,155	2,783	1,257,113

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 4/27/2011
 I 14-0033 I FROM 12/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 11/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTES		ENTERED
14	NURSING ADMINISTRATION	12	DIRECT	NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS	ENTERED
16	PHARMACY	14	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	16	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-0033I PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/27/2011
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
		0	3	4	5	5a.00	6	7
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	1,849,670	1,849,670					
005	NEW CAP REL COSTS-MVBLE E	569,782		569,782				
006	EMPLOYEE BENEFITS	981,899			981,899			
007	ADMINISTRATIVE & GENERAL	842,879	85,401	26,307	39,490	994,077	994,077	
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	1,983,586	1,062,540	327,309	26,231	3,399,666	211,405	
010	LAUNDRY & LINEN SERVICE	106,431	23,438	7,220		137,089	8,524	
011	HOUSEKEEPING	737,782	52,769	16,255		806,806	50,169	
012	DIETARY	371,985	14,035	4,324		390,344	24,272	
014	CAFETERIA							
015	NURSING ADMINISTRATION	26,459			880	27,339	1,700	
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY	1,840	28,914	8,907		39,661	2,466	
018	MEDICAL RECORDS & LIBRARY	4,707	12,349	3,804	74	20,934	1,302	
018	SOCIAL SERVICE							
025	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	1,059,649	66,307	20,426	117,632	1,264,014	78,599	
031	SUBPROVIDER	1,539,009	96,891	29,847	158,808	1,824,555	113,454	
031	SUBPROVIDER II	1,810,419	89,632	27,611	194,606	2,122,268	131,967	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	01 CARDIAC CATH							
041	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC	446,651			27,998	474,649	29,515	
041	01 ULTRA SOUND							
041	02 CT SCAN							
044	LABORATORY	1,191,854	60,477	18,630	92,102	1,363,063	84,758	
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	893,592	41,857	12,894	98,016	1,046,359	65,065	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED	8,833				8,833	549	
056	DRUGS CHARGED TO PATIENTS	288,016				288,016	17,909	
059	MENTAL HEALTH ANCILLARY	912,436	39,465	12,157	100,178	1,064,236	66,176	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	1,326,595	121,959	37,569	125,884	1,612,007	100,238	
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	16,954,074	1,796,034	553,260	981,899	16,883,916	988,068	
096	NONREIMBURS COST CENTERS							
098	02 WORKPOWER/CORP HEALTH							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 VISTA MEDICAL CENTER EAST	26,475	53,636	16,522		96,633	6,009	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	16,980,549	1,849,670	569,782	981,899	16,980,549	994,077	

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-0033I PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/27/2011
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,611,071						
010 LAUNDRY & LINEN SERVICE	120,610	266,223					
011 HOUSEKEEPING	271,548		1,128,523				
012 DIETARY	72,226		25,322	512,164			
014 CAFETERIA							
015 NURSING ADMINISTRATION						29,039	
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	148,790		52,164				
018 MEDICAL RECORDS & LIBRARY	63,549		22,280				
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	341,212	42,368	119,626	115,121			
031 SUBPROVIDER	498,596	61,910	174,803	203,587			
031 01 SUBPROVIDER II	461,244	57,272	161,708	176,341			
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM							
038 01 CARDIAC CATH							
041 RECOVERY ROOM							
041 RADIOLOGY-DIAGNOSTIC							
041 01 ULTRA SOUND							
041 02 CT SCAN							
044 LABORATORY	311,214		109,109				
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	215,396	26,746	75,516				
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 MENTAL HEALTH ANCILLARY	203,083		71,199				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	627,592	77,927	220,029			29,039	
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,335,060	266,223	1,031,756	495,049		29,039	
096 NONREIMBURS COST CENTERS							
098 02 WORKPOWER/CORP HEALTH							
098 PHYSICIANS' PRIVATE OFFIC				17,115			
098 01 VISTA MEDICAL CENTER EAST	276,011		96,767				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,611,071	266,223	1,128,523	512,164		29,039	

	COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY	243,081					
018	MEDICAL RECORDS & LIBRARY		108,065				
025	SOCIAL SERVICE						
031	INPAT ROUTINE SRVC CNTRS						
031	ADULTS & PEDIATRICS		10,147		1,971,087		1,971,087
031	SUBPROVIDER		16,689		2,893,594		2,893,594
031	SUBPROVIDER II		11,179		3,121,979		3,121,979
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM						
038	CARDIAC CATH						
041	RECOVERY ROOM						
041	RADIOLOGY-DIAGNOSTIC		9,466		513,630		513,630
041	ULTRA SOUND						
041	CT SCAN						
044	LABORATORY		15,090		1,883,234		1,883,234
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY		8,370		1,437,452		1,437,452
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHARGED		12		9,394		9,394
056	DRUGS CHARGED TO PATIENTS	243,081	8,405		557,411		557,411
059	MENTAL HEALTH ANCILLARY		6,506		1,411,200		1,411,200
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
062	EMERGENCY		22,201		2,689,033		2,689,033
095	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS SUBTOTALS	243,081	108,065		16,488,014		16,488,014
096	NONREIMBURS COST CENTERS						
098	WORKPOWER/CORP HEALTH						
098	PHYSICIANS' PRIVATE OFFIC				17,115		17,115
101	VISTA MEDICAL CENTER EAST				475,420		475,420
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
103	TOTAL	243,081	108,065		16,980,549		16,980,549

COST CENTER DESCRIPTION		DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
		0	3	4	4a	5	6	7
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL		85,401	26,307	111,708		111,708	
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT		1,062,540	327,309	1,389,849		23,751	
010	LAUNDRY & LINEN SERVICE		23,438	7,220	30,658		958	
011	HOUSEKEEPING		52,769	16,255	69,024		5,638	
012	DIETARY		14,035	4,324	18,359		2,728	
014	CAFETERIA							
015	NURSING ADMINISTRATION						191	
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY		28,914	8,907	37,821		277	
018	MEDICAL RECORDS & LIBRARY		12,349	3,804	16,153		146	
025	SOCIAL SERVICE							
031	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS		66,307	20,426	86,733		8,833	
031	SUBPROVIDER		96,891	29,847	126,738		12,750	
031	SUBPROVIDER II		89,632	27,611	117,243		14,830	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	CARDIAC CATH							
041	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC						3,317	
041	ULTRA SOUND							
041	CT SCAN							
044	LABORATORY		60,477	18,630	79,107		9,525	
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY		41,857	12,894	54,751		7,312	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED						62	
056	DRUGS CHARGED TO PATIENTS						2,013	
059	MENTAL HEALTH ANCILLARY		39,465	12,157	51,622		7,437	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	EMERGENCY		121,959	37,569	159,528		11,265	
062	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		1,796,034	553,260	2,349,294		111,033	
096	NONREIMBURS COST CENTERS							
098	WORKPOWER/CORP HEALTH							
098	PHYSICIANS' PRIVATE OFFIC							
098	VISTA MEDICAL CENTER EAST		53,636	16,522	70,158		675	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		1,849,670	569,782	2,419,452		111,708	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:

14-0033

PERIOD:

FROM 12/ 1/2009

TO 11/30/2010

PREPARED 4/27/2011

WORKSHEET B

PART III

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	1,413,600						
010	LAUNDRY & LINEN SERVICE	47,214	78,830					
011	HOUSEKEEPING	106,301		180,963				
012	DIETARY	28,274		4,060	53,421			
014	CAFETERIA							
015	NURSING ADMINISTRATION						191	
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY	58,246		8,365				
018	MEDICAL RECORDS & LIBRARY	24,877		3,573				
018	SOCIAL SERVICE							
025	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	133,572	12,545	19,182	12,008			
031	SUBPROVIDER	195,182	18,332	28,030	21,235			
031	01 SUBPROVIDER II	180,560	16,958	25,930	18,393			
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM							
038	CARDIAC CATH							
041	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC							
041	01 ULTRA SOUND							
041	02 CT SCAN							
044	LABORATORY	121,829		17,496				
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	84,319	7,919	12,109				
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
059	MENTAL HEALTH ANCILLARY	79,499		11,417				
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	EMERGENCY	245,679	23,076	35,284			191	
095	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,305,552	78,830	165,446	51,636		191	
096	NONREIMBURS COST CENTERS							
098	02 WORKPOWER/CORP HEALTH							
098	PHYSICIANS' PRIVATE OFFIC				1,785			
098	01 VISTA MEDICAL CENTER EAST	108,048		15,517				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,413,600	78,830	180,963	53,421		191	

	COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY	104,709					
018	MEDICAL RECORDS & LIBRARY		44,749				
018	SOCIAL SERVICE						
025	INPAT ROUTINE SRVC CNTRS						
031	ADULTS & PEDIATRICS		4,201		277,074		277,074
031	SUBPROVIDER		6,910		409,177		409,177
031	01 SUBPROVIDER II		4,628		378,542		378,542
037	ANCILLARY SRVC COST CNTRS						
037	01 OPERATING ROOM						
038	CARDIAC CATH						
041	RECOVERY ROOM						
041	RADIOLOGY-DIAGNOSTIC		3,919		7,236		7,236
041	01 ULTRA SOUND						
041	02 CT SCAN						
044	LABORATORY		6,248		234,205		234,205
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY		3,466		169,876		169,876
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHARGED		5		67		67
056	DRUGS CHARGED TO PATIENTS	104,709	3,480		110,202		110,202
059	MENTAL HEALTH ANCILLARY		2,694		152,669		152,669
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
061	EMERGENCY		9,198		484,221		484,221
062	OBSERVATION BEDS (NON-DIS						
095	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	104,709	44,749		2,223,269		2,223,269
096	NONREIMBURS COST CENTERS						
098	02 WORKPOWER/CORP HEALTH						
098	PHYSICIANS' PRIVATE OFFIC				1,785		1,785
098	01 VISTA MEDICAL CENTER EAST				194,398		194,398
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	104,709	44,749		2,419,452		2,419,452

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-0033

I PERIOD:

I FROM 12/ 1/2009

I TO 11/30/2010

I PREPARED 4/27/2011

I WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS		ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
		(SQUARE FEET	(SQUARE)FEET	(GROSS SALARIES)	RECONCIL- IATION	(ACCUM. COST	(SQUARE)FEET)
		3	4	5	6a.00	6	7
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	230,362					
005	NEW CAP REL COSTS-MVB		230,362				
006	EMPLOYEE BENEFITS			8,125,374			
007	ADMINISTRATIVE & GENE	10,636	10,636	326,781	-994,077	15,986,472	
008	MAINTENANCE & REPAIRS						219,726
009	OPERATION OF PLANT	132,331	132,331	217,068		3,399,666	132,331
010	LAUNDRY & LINEN SERVI	2,919	2,919			137,089	2,919
011	HOUSEKEEPING	6,572	6,572			806,806	6,572
012	DIETARY	1,748	1,748			390,344	1,748
014	CAFETERIA						
015	NURSING ADMINISTRATIO			7,280		27,339	
016	CENTRAL SERVICES & SU						
017	PHARMACY	3,601	3,601			39,661	3,601
018	MEDICAL RECORDS & LIB	1,538	1,538	616		20,934	1,538
	SOCIAL SERVICE						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	8,258	8,258	973,424		1,264,014	8,258
031	SUBPROVIDER	12,067	12,067	1,314,154		1,824,555	12,067
031	01 SUBPROVIDER II	11,163	11,163	1,610,420		2,122,268	11,163
	ANCILLARY SRVC COST C						
037	OPERATING ROOM						
037	01 CARDIAC CATH						
038	RECOVERY ROOM						
041	RADIOLOGY-DIAGNOSTIC			231,690		474,649	
041	01 ULTRA SOUND						
041	02 CT SCAN						
044	LABORATORY	7,532	7,532	762,155		1,363,063	7,532
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY	5,213	5,213	811,093		1,046,359	5,213
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHAR					8,833	
056	DRUGS CHARGED TO PATI					288,016	
059	MENTAL HEALTH ANCILLA	4,915	4,915	828,986		1,064,236	4,915
	OUTPAT SERVICE COST C						
060	CLINIC						
061	EMERGENCY	15,189	15,189	1,041,707		1,612,007	15,189
062	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	223,682	223,682	8,125,374	-994,077	15,889,839	213,046
	NONREIMBURS COST CENT						
096	02 WORKPOWER/CORP HEALTH						
098	PHYSICIANS' PRIVATE O						
098	01 VISTA MEDICAL CENTER	6,680	6,680			96,633	6,680
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	1,849,670	569,782	981,899		994,077	
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	8.029406		.120844		.062182	
	(WRKSHT B, PT I)		2.473420				
105	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED					111,708	
	(WRKSHT B, PART III						
108	UNIT COST MULTIPLIER					.006988	
	(WRKSHT B, PT III)						

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)	(MEALS) SERVED	(FTES)	(DIRECT) NRSNG HRS	(COSTED) REQUIS
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	87,395						
010	LAUNDRY & LINEN SERVI	2,919	156,814					
011	HOUSEKEEPING	6,572		77,904				
012	DIETARY	1,748		1,748	53,685			
014	CAFETERIA					12,064		
015	NURSING ADMINISTRATIO					15	1,041,707	
016	CENTRAL SERVICES & SU							416,590
017	PHARMACY	3,601		3,601				
018	MEDICAL RECORDS & LIB	1,538		1,538		1		2,587
018	SOCIAL SERVICE							
025	INPAT ROUTINE SRVC CN							
031	ADULTS & PEDIATRICS	8,258	24,956	8,258	12,067	1,696		8,159
031	SUBPROVIDER	12,067	36,467	12,067	21,340	2,350		23,711
031	01 SUBPROVIDER II	11,163	33,735	11,163	18,484	2,614		53,946
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM							
037	01 CARDIAC CATH							
038	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC							
041	01 ULTRA SOUND					240		5,653
041	02 CT SCAN							
044	LABORATORY	7,532		7,532		1,265		225,833
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	5,213	15,754	5,213		1,172		12,360
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
059	MENTAL HEALTH ANCILLA	4,915		4,915		1,268		2,329
060	OUTPAT SERVICE COST C							
060	CLINIC							
061	EMERGENCY	15,189	45,902	15,189		1,443	1,041,707	82,012
062	OBSERVATION BEDS (NON							
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	80,715	156,814	71,224	51,891	12,064	1,041,707	416,590
096	NONREIMBURS COST CENT							
096	02 WORKPOWER/CORP HEALTH							
098	PHYSICIANS' PRIVATE O				1,794			
098	01 VISTA MEDICAL CENTER	6,680		6,680				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,611,071	266,223	1,128,523	512,164		29,039	
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		1.697699		9.540170		.027876	
105	(WRKSHT B, PT I)	41.318966		14.486073				
106	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	1,413,600	78,830	180,963	53,421		191	
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.502697		.995082		.000183	
	(WRKSHT B, PT III)	16.174838		2.322897				

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED 4/27/2011
I 14-0033	I FROM 12/ 1/2009	I WORKSHEET B-1
I	I TO 11/30/2010	I

COST CENTER DESCRIPTION		PHARMACY (COSTED REQUIS	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)
		16	17	18
	GENERAL SERVICE COST			
003	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENE			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
015	CENTRAL SERVICES & SU			
016	PHARMACY	288,016		
017	MEDICAL RECORDS & LIB		85,192,393	
018	SOCIAL SERVICE			15,808
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS		8,002,718	3,676
031	SUBPROVIDER		13,161,773	6,501
031 01	SUBPROVIDER II		8,815,880	5,631
	ANCILLARY SRVC COST C			
037	OPERATING ROOM			
037 01	CARDIAC CATH			
038	RECOVERY ROOM			
041	RADIOLOGY-DIAGNOSTIC		7,465,417	
041 01	ULTRA SOUND			
041 02	CT SCAN			
044	LABORATORY		11,900,569	
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY		6,601,155	
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
055	MEDICAL SUPPLIES CHAR		9,382	
056	DRUGS CHARGED TO PATI	288,016	6,628,787	
059	MENTAL HEALTH ANCILLA		5,131,029	
	OUTPAT SERVICE COST C			
060	CLINIC			
061	EMERGENCY		17,475,683	
062	OBSERVATION BEDS (NON			
	SPEC PURPOSE COST CEN			
095	SUBTOTALS	288,016	85,192,393	15,808
	NONREIMBURS COST CENT			
096 02	WORKPOWER/CORP HEALTH			
098	PHYSICIANS' PRIVATE O			
098 01	VISTA MEDICAL CENTER			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	243,081	108,065	
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		.001268	
	(WRKSHT B, PT I)	.843984		
105	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
107	COST TO BE ALLOCATED	104,709	44,749	
	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER		.000525	
	(WRKSHT B, PT III)	.363553		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
31	ADULTS & PEDIATRICS	1,971,087		1,971,087		1,971,087
31	SUBPROVIDER	2,893,594		2,893,594		2,893,594
31	01 SUBPROVIDER II	3,121,979		3,121,979		3,121,979
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 CARDIAC CATH					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC	513,630		513,630		513,630
41	01 ULTRA SOUND					
41	02 CT SCAN					
44	LABORATORY	1,883,234		1,883,234		1,883,234
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1,437,452		1,437,452		1,437,452
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	9,394		9,394		9,394
56	DRUGS CHARGED TO PATIENTS	557,411		557,411		557,411
59	MENTAL HEALTH ANCILLARY	1,411,200		1,411,200	2,783	1,413,983
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY	2,689,033		2,689,033		2,689,033
62	OBSERVATION BEDS (NON-DIS					
62	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	16,488,014		16,488,014	2,783	16,490,797
102	LESS OBSERVATION BEDS					
103	TOTAL	16,488,014		16,488,014	2,783	16,490,797

COMPUTATION OF RATIO OF COSTS TO CHARGES

I
I
IPROVIDER NO:
14-0033I PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/27/2011
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
31	ADULTS & PEDIATRICS	8,002,718		8,002,718			
31	SUBPROVIDER	13,161,773		13,161,773			
31	01 SUBPROVIDER II	8,815,880		8,815,880			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	345,750	7,119,667	7,465,417	.068801	.068801	.068801
41	01 ULTRA SOUND						
41	02 CT SCAN						
44	LABORATORY	3,344,938	8,555,631	11,900,569	.158247	.158247	.158247
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	6,600,637	518	6,601,155	.217758	.217758	.217758
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	8,089	1,293	9,382	1.001279	1.001279	1.001279
56	DRUGS CHARGED TO PATIENTS	5,387,151	1,241,636	6,628,787	.084089	.084089	.084089
59	MENTAL HEALTH ANCILLARY	348,482	4,782,547	5,131,029	.275033	.275033	.275575
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,742,623	15,733,060	17,475,683	.153873	.153873	.153873
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	47,758,041	37,434,352	85,192,393			
102	LESS OBSERVATION BEDS						
103	TOTAL	47,758,041	37,434,352	85,192,393			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/27/2011
I	14-0033	I	FROM 12/ 1/2009	I	WORKSHEET C
I		I	TO 11/30/2010	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	1,971,087		1,971,087		1,971,087
31	SUBPROVIDER	2,893,594		2,893,594		2,893,594
31	01 SUBPROVIDER II	3,121,979		3,121,979		3,121,979
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 CARDIAC CATH					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC	513,630		513,630		513,630
41	01 ULTRA SOUND					
41	02 CT SCAN					
44	LABORATORY	1,883,234		1,883,234		1,883,234
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1,437,452		1,437,452		1,437,452
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	9,394		9,394		9,394
56	DRUGS CHARGED TO PATIENTS	557,411		557,411		557,411
59	MENTAL HEALTH ANCILLARY	1,411,200		1,411,200	2,783	1,413,983
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,689,033		2,689,033		2,689,033
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	16,488,014		16,488,014	2,783	16,490,797
102	LESS OBSERVATION BEDS					
103	TOTAL	16,488,014		16,488,014	2,783	16,490,797

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	01 CARDIAC CATH						
41	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	513,630	7,236	506,394			513,630
41	01 ULTRA SOUND						
41	02 CT SCAN						
44	LABORATORY	1,883,234	234,205	1,649,029			1,883,234
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,437,452	169,876	1,267,576			1,437,452
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	9,394	67	9,327			9,394
56	DRUGS CHARGED TO PATIENTS	557,411	110,202	447,209			557,411
59	MENTAL HEALTH ANCILLARY	1,411,200	152,669	1,258,531			1,411,200
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	2,689,033	484,221	2,204,812			2,689,033
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,501,354	1,158,476	7,342,878			8,501,354
102	LESS OBSERVATION BEDS						
103	TOTAL	8,501,354	1,158,476	7,342,878			8,501,354

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	7,465,417	.068801	.068801
41 01	ULTRA SOUND			
41 02	CT SCAN			
44	LABORATORY	11,900,569	.158247	.158247
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	6,601,155	.217758	.217758
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	9,382	1.001279	1.001279
56	DRUGS CHARGED TO PATIENTS	6,628,787	.084089	.084089
59	MENTAL HEALTH ANCILLARY	5,131,029	.275033	.275033
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	17,475,683	.153873	.153873
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	55,212,022		
102	LESS OBSERVATION BEDS			
103	TOTAL	55,212,022		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	513,630	7,236	506,394	724	29,371	483,535
41	01 ULTRA SOUND						
41	02 CT SCAN						
44	LABORATORY	1,883,234	234,205	1,649,029	23,421	95,644	1,764,169
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,437,452	169,876	1,267,576	16,988	73,519	1,346,945
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	9,394	67	9,327	7	541	8,846
56	DRUGS CHARGED TO PATIENTS	557,411	110,202	447,209	11,020	25,938	520,453
59	MENTAL HEALTH ANCILLARY	1,411,200	152,669	1,258,531	15,267	72,995	1,322,938
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,689,033	484,221	2,204,812	48,422	127,879	2,512,732
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,501,354	1,158,476	7,342,878	115,849	425,887	7,959,618
102	LESS OBSERVATION BEDS						
103	TOTAL	8,501,354	1,158,476	7,342,878	115,849	425,887	7,959,618

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	01 OPERATING ROOM			
38	CARDIAC CATH			
41	RECOVERY ROOM			
41	01 RADIOLOGY-DIAGNOSTIC	7,465,417	.064770	.068704
41	02 ULTRA SOUND			
44	CT SCAN			
44	LABORATORY	11,900,569	.148242	.156279
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	6,601,155	.204047	.215184
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	9,382	.942869	1.000533
56	DRUGS CHARGED TO PATIENTS	6,628,787	.078514	.082427
59	MENTAL HEALTH ANCILLARY	5,131,029	.257831	.272057
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	17,475,683	.143784	.151102
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	55,212,022		
102	LESS OBSERVATION BEDS			
103	TOTAL	55,212,022		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
31	ADULTS & PEDIATRICS				277,074		277,074
31	SUBPROVIDER				409,177		409,177
31 01	SUBPROVIDER II				378,542		378,542
101	TOTAL				1,064,793		1,064,793

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	3,676				75.37	
31	ADULTS & PEDIATRICS	6,501	2,616			62.94	164,651
31	SUBPROVIDER	5,631	4,193			67.22	281,853
101	01 SUBPROVIDER II	15,808	6,809				446,504
	TOTAL						

Health Financial Systems	MCRIF32	FOR VISTA MEDICAL CENTER WEST	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD: I PREPARED 4/27/2011
SERVICE OTHER PASS THROUGH COSTS		I 14-0033	I FROM 12/ 1/2009 I WORKSHEET D
TITLE XVIII, PART A			I TO 11/30/2010 I PART III
		PPS	

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS						
31	ADULTS & PEDIATRICS					3,676	
31	SUBPROVIDER					6,501	
31 01	SUBPROVIDER II					5,631	
101	TOTAL					15,808	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		
31	SUBPROVIDER	2,616	
31 01	SUBPROVIDER II	4,193	
101	TOTAL	6,809	

101	SUBTOTAL	
102	CRNA CHARGES	
103	LESS PBP CLINIC LAB SVCS-	
	PROGRAM ONLY CHARGES	
104	NET CHARGES	

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 CARDIAC CATH					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC		656,627			
41	01 ULTRA SOUND					
41	02 CT SCAN					
44	LABORATORY		376			
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		688			
56	DRUGS CHARGED TO PATIENTS		85,241			
59	MENTAL HEALTH ANCILLARY		1,013,643			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		1,302,043			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL		3,058,618			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		3,058,618			

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges.

Hospital I/P
Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 CARDIAC CATH			
38 RECOVERY ROOM			
41 RADIOLOGY-DIAGNOSTIC			
41 01 ULTRA SOUND			
41 02 CT SCAN			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
59 MENTAL HEALTH ANCILLARY			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	01 CARDIAC CATH						
41	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC		7,236	7,465,417	65,707		
41	01 ULTRA SOUND						
41	02 CT SCAN						
44	LABORATORY		234,205	11,900,569	669,264		
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY		169,876	6,601,155	5,981		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED		67	9,382			
56	DRUGS CHARGED TO PATIENTS		110,202	6,628,787	688,194		
59	MENTAL HEALTH ANCILLARY		152,669	5,131,029	126,113		
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY		484,221	17,475,683	357,320		
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,158,476	55,212,022	1,912,579		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 4/27/2011
I 14-0033	I FROM 12/ 1/2009	I WORKSHEET D
I COMPONENT NO:	I TO 11/30/2010	I PART II
I 14-S033	I	I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37 01	CARDIAC CATH		
38	RECOVERY ROOM		
41	RADIOLOGY-DIAGNOSTIC	.000969	64
41 01	ULTRA SOUND		
41 02	CT SCAN		
44	LABORATORY	.019680	13,171
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY	.025734	154
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED	.007141	
56	DRUGS CHARGED TO PATIENTS	.016625	11,441
59	MENTAL HEALTH ANCILLARY	.029754	3,752
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.027708	9,901
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		38,483

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
37 01	CARDIAC CATH					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC					
41 01	ULTRA SOUND					
41 02	CT SCAN					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
59	MENTAL HEALTH ANCILLARY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM							
38	CARDIAC CATH							
41	RECOVERY ROOM							
41	01 RADIOLOGY-DIAGNOSTIC			7,465,417			65,707	
41	02 ULTRA SOUND							
44	CT SCAN							
44	LABORATORY			11,900,569			669,264	
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			6,601,155			5,981	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			9,382				
56	DRUGS CHARGED TO PATIENTS			6,628,787			688,194	
59	MENTAL HEALTH ANCILLARY			5,131,029			126,113	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			17,475,683			357,320	
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			55,212,022			1,912,579	

TITLE XVIII, PART A		SUBPROVIDER 1		PPS			
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CT SCAN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	MENTAL HEALTH ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/27/2011
I	14-0033	I	FROM 12/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 11/30/2010	I	PART II
I	14-T033	I		I	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC		7,236	7,465,417	161,187		
41	01 ULTRA SOUND						
41	02 CT SCAN						
44	LABORATORY		234,205	11,900,569	924,306		
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY		169,876	6,601,155	4,874,545		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED		67	9,382	4,327		
56	DRUGS CHARGED TO PATIENTS		110,202	6,628,787	2,441,398		
59	MENTAL HEALTH ANCILLARY		152,669	5,131,029	5,078		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		484,221	17,475,683	324,177		
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,158,476	55,212,022	8,735,018		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.000969		156
41 01	ULTRA SOUND			
41 02	CT SCAN			
44	LABORATORY	.019680		18,190
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.025734		125,442
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	.007141		31
56	DRUGS CHARGED TO PATIENTS	.016625		40,588
59	MENTAL HEALTH ANCILLARY	.029754		151
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.027708		8,982
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			193,540

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
41	02 CT SCAN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	MENTAL HEALTH ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
37	01 CARDIAC CATH							
38	RECOVERY ROOM							
41	RADIOLOGY-DIAGNOSTIC			7,465,417			161,187	
41	01 ULTRA SOUND							
41	02 CT SCAN							
44	LABORATORY			11,900,569			924,306	
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			6,601,155			4,874,545	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			9,382			4,327	
56	DRUGS CHARGED TO PATIENTS			6,628,787			2,441,398	
59	MENTAL HEALTH ANCILLARY			5,131,029			5,078	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			17,475,683			324,177	
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			55,212,022			8,735,018	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CT SCAN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	MENTAL HEALTH ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,501
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,501
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	57
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,444
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,616
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,893,594
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,893,594

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,523,349
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	128,673
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,394,676
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.213970
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,257.42
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,078.63
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	178.79
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	38.26
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	2,181
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,891,413

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 445.10
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,164,382
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,164,382

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 259,338
49 TOTAL PROGRAM INPATIENT COSTS					1,423,720

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 164,651
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 38,483
 52 TOTAL PROGRAM EXCLUDABLE COST 203,134
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,220,586

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	445.10
85	OBSERVATION BED COST	

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		2,893,594			
87	NEW CAPITAL-RELATED COST	409,177	2,893,594	.141408		
88	NON PHYSICIAN ANESTHETIST		2,893,594			
89	MEDICAL EDUCATION		2,893,594			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,631
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,631
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,627
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,193
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,121,979
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,121,979

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,815,880
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,671
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,809,209
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.354131
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,667.75
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,565.52
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	102.23
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	36.20
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	145
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,121,834

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 554.43
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,324,725
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,324,725

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,479,739
49 TOTAL PROGRAM INPATIENT COSTS					3,804,464

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 281,853
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 193,540
 52 TOTAL PROGRAM EXCLUDABLE COST 475,393
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,329,071

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A	SUBPROVIDER II	PPS
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PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	554.43
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,121,979			
87	NEW CAPITAL-RELATED COST	378,542	3,121,979	.121251	
88	NON PHYSICIAN ANESTHETIST		3,121,979		
89	MEDICAL EDUCATION		3,121,979		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
31	ADULTS & PEDIATRICS			
31	SUBPROVIDER		5,424,123	
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.068801	65,707	4,521
41	01 ULTRA SOUND			
41	02 CT SCAN			
44	LABORATORY	.158247	669,264	105,909
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.217758	5,981	1,302
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.001279		
56	DRUGS CHARGED TO PATIENTS	.084089	688,194	57,870
59	MENTAL HEALTH ANCILLARY	.275575	126,113	34,754
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.153873	357,320	54,982
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,912,579	259,338
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		1,912,579	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
31	ADULTS & PEDIATRICS			
31	SUBPROVIDER			
01	SUBPROVIDER II		6,535,042	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.068801	161,187	11,090
41	01 ULTRA SOUND			
41	02 CT SCAN			
44	LABORATORY	.158247	924,306	146,269
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.217758	4,874,545	1,061,471
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.001279	4,327	4,333
56	DRUGS CHARGED TO PATIENTS	.084089	2,441,398	205,295
59	MENTAL HEALTH ANCILLARY	.275575	5,078	1,399
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.153873	324,177	49,882
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		8,735,018	1,479,739
102	LESS PBP CLINIC LABORATORY SERVICES			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		8,735,018	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 4/27/2011
I 14-0033	I FROM 12/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 11/30/2010	I PART B
I 14-0033	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	532,228
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	436,831
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	436,831

	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	101,953
19	SUBTOTAL (SEE INSTRUCTIONS)	334,878
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	334,878
24	PRIMARY PAYER PAYMENTS	145
25	SUBTOTAL	334,733

	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	62,818
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	43,973
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	55,902
28	SUBTOTAL	378,706
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	378,706
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	360,733
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	17,973
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	11,521

	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 4/27/2011
 I 14-0033 I FROM 12/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 11/30/2010 I
 I 14-0033 I

TITLE XVIII

HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,
 EITHER SUBMITTED OR TO BE SUBMITTED TO THE
 INTERMEDIARY, FOR SERVICES RENDERED IN THE COST
 REPORTING PERIOD. IF NONE, WRITE "NONE" OR
 ENTER A ZERO.
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT
 AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM
 RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE
 OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A
 ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01	6/30/2010	10,200
ADJUSTMENTS TO PROVIDER	.02		
ADJUSTMENTS TO PROVIDER	.03		
ADJUSTMENTS TO PROVIDER	.04		
ADJUSTMENTS TO PROVIDER	.05		
ADJUSTMENTS TO PROGRAM	.50		
ADJUSTMENTS TO PROGRAM	.51		
ADJUSTMENTS TO PROGRAM	.52		
ADJUSTMENTS TO PROGRAM	.53		
ADJUSTMENTS TO PROGRAM	.54		
SUBTOTAL	.99	NONE	10,200
4 TOTAL INTERIM PAYMENTS			360,733
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER	.01		
TENTATIVE TO PROVIDER	.02		
TENTATIVE TO PROVIDER	.03		
TENTATIVE TO PROGRAM	.50		
TENTATIVE TO PROGRAM	.51		
TENTATIVE TO PROGRAM	.52		
SUBTOTAL	.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02		17,973
7 TOTAL MEDICARE PROGRAM LIABILITY			378,706

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 4/27/2011
I 14-0033	I FROM 12/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 11/30/2010	
I 14-S033	I	

TITLE XVIII

SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,855,842		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	6/30/2010	20,500		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		20,500		NONE
4 TOTAL INTERIM PAYMENTS		1,876,342		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT		39,515		
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,915,857		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 4/27/2011
I 14-0033	I FROM 12/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 11/30/2010	I
I 14-T033	I	I

TITLE XVIII

SUBPROVIDER 2

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.	4,932,913		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99	NONE		NONE
4 TOTAL INTERIM PAYMENTS	4,932,913		
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01	33,905		
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY	4,966,818		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,002,175
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	4,333
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17.810959
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/L.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,006,508
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,006,508
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,006,508
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,006,508
7	DEDUCTIBLES	204,024
8	SUBTOTAL	1,802,484
9	COINSURANCE	14,842
10	SUBTOTAL	1,787,642
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	183,164
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	128,215
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	125,024
12	SUBTOTAL	1,915,857
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/27/2011
I	14-0033	I	FROM 12/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 11/30/2010	I	PART I
I	14-S033	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,915,857
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,876,342
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	39,515
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	35,583
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/27/2011
I	14-0033	I	FROM 12/ 1/2009	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 11/30/2010	I	PART	I
I	14-T033	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,748,544
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0462
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	235,936
1.05	OUTLIER PAYMENTS	53,152
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,037,632
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.427397
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,037,632
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	5,037,632
7	DEDUCTIBLES	13,104
8	SUBTOTAL	5,024,528
9	COINSURANCE	60,468
10	SUBTOTAL	4,964,060
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	3,940
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,758
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,966,818
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,966,818
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,932,913
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	33,905
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	26,592
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

	----- FI ONLY -----
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	11,908			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,745,097			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,859,847			
7	INVENTORY	189,474			
8	PREPAID EXPENSES	30,769			
9	OTHER CURRENT ASSETS	12,509			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,129,910			
FIXED ASSETS					
12	LAND	4,217,077			
12.01					
13	LAND IMPROVEMENTS	4,286,407			
13.01	LESS ACCUMULATED DEPRECIATION	-1,022,857			
14	BUILDINGS	13,165,611			
14.01	LESS ACCUMULATED DEPRECIATION	-1,540,770			
15	LEASEHOLD IMPROVEMENTS	1,010,032			
15.01	LESS ACCUMULATED DEPRECIATION	-260,207			
16	FIXED EQUIPMENT	529,263			
16.01	LESS ACCUMULATED DEPRECIATION	-45,607			
17	AUTOMOBILES AND TRUCKS	5,231			
17.01	LESS ACCUMULATED DEPRECIATION	-2,888			
18	MAJOR MOVABLE EQUIPMENT	2,025,924			
18.01	LESS ACCUMULATED DEPRECIATION	-1,043,081			
19	MINOR EQUIPMENT DEPRECIABLE	1,367,009			
19.01	LESS ACCUMULATED DEPRECIATION	-667,277			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	22,023,867			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	-1,732,787			
26	TOTAL OTHER ASSETS	-1,732,787			
27	TOTAL ASSETS	23,420,990			

BALANCE SHEET

I PROVIDER NO:

I 14-0033

I PERIOD:

I FROM 12/ 1/2009

I TO 11/30/2010

I PREPARED 4/27/2011

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	935,498			
29 SALARIES, WAGES & FEES PAYABLE	833,951			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,997,948			
35 OTHER CURRENT LIABILITIES	245,992			
36 TOTAL CURRENT LIABILITIES	5,013,389			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	5,013,389			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	18,407,601			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	18,407,601			
52 TOTAL LIABILITIES AND FUND BALANCES	23,420,990			

STATEMENT OF CHANGES IN FUND BALANCES

I
I
IPROVIDER NO:
14-0033

I PERIOD:

I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/27/2011
I WORKSHEET G-1
I

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		15,630,661
2 OF PERIOD		
3 NET INCOME (LOSS)		2,776,940
4 TOTAL		18,407,601
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL	18,407,601	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF	18,407,601	
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	8,002,718		8,002,718
2 00 SUBPROVIDER	13,161,773		13,161,773
2 01 SUBPROVIDER II	8,815,880		8,815,880
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	29,980,371		29,980,371
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	29,980,371		29,980,371
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	17,777,670		17,777,670
17 00 ANCILLARY SERVICES			
18 00 OUTPATIENT SERVICES		36,289,912	36,289,912
24 00			
25 00 TOTAL PATIENT REVENUES	47,758,041	36,289,912	84,047,953

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		22,706,992
ADD (SPECIFY)		
27 00 ADD (SPECIFY)		
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		
DEDUCT (SPECIFY)		
34 00 ADDITION OF WAGES FROM VISTA EAST	112,348	
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		112,348
40 00 TOTAL OPERATING EXPENSES		22,594,644

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	I PERIOD:	I PREPARED
14-0033	I FROM 12/ 1/2009	4/27/2011
	I TO 11/30/2010	WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	84,047,953
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	59,006,646
3	NET PATIENT REVENUES	25,041,307
4	LESS: TOTAL OPERATING EXPENSES	22,594,644
5	NET INCOME FROM SERVICE TO PATIENTS	2,446,663
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	-317
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	65,600
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	267,554
23	GOVERNMENTAL APPROPRIATIONS	3,528
24	OTHER MISCELLANEOUS	-6,088
25	TOTAL OTHER INCOME	330,277
26	TOTAL	2,776,940
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,776,940

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/27/2011
I	14-0033	I	FROM 12/ 1/2009	I	WORKSHEET L
I	COMPONENT NO:	I	TO 11/30/2010	I	PARTS I-IV
I	14-0033	I		I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	10.07
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
	(SEE INSTRUCTIONS)	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	